

Anthony Howell	C-18 3RD FL	—
Mike McIlwain	C-18	—
Layson Morales	A-97	Med
Nathaniel Brown	C-95 3RD FL	Sick
Luis Lopez	C-92 3RD FL	—
Aggr Syling	B56 2ND FL	Med
Vron Alvarado	C-1	med
Rafael Velasco	C-52 3FL	Sick
Guian Traves	C13 3FL	Med
Santo Cortez	B7 B2	Med
George Roman	C-49	Sick
Joseph Sims	C-32	—
Homero Barden	C40	—
Levy Holcom	C-35	—
C37	CORTES TOMAS	—
Richard Jew	—	—
James Allroad	C-10 3rd fl	—
Levy Allroad	C-9	—
Willard Garcia	A-22	—
Ramon Gonzalez	AB-	Medication

/Form 402A
4/21/03 RevisedDivision of Adult Services
Department of Homeless Services

CLIENT NOTIFICATION OF INTENT TO TRANSFER

Shelter: KINGSBORO STARDate 4/30/2013

CLIENT'S SURNAME <u>Martinez</u>	FIRST NAME: <u>Juan</u>	CARES NUMBER: <u>540907</u>
-------------------------------------	----------------------------	--------------------------------

You are being OFFICIALLY transferred by Kingsboro because the need for additional
SERVICES.

Right of Review

Upon receipt of this notice, you are entitled to meet with your caseworker to discuss why you are being transferred. If you disagree with the transfer, you may have a Supervisory Review to respond to the reason(s) for your transfer.

<input type="checkbox"/> I <u>accept</u> the reason(s) for transfer and I do NOT request a Supervisory Review.	Client's Signature (x) _____	Date: _____
<input type="checkbox"/> I <u>do not</u> accept the reason(s) for transfer and I request a Supervisory Review.	Client's Signature (x) _____	Date: _____
<input type="checkbox"/> I <u>do not</u> accept the reason (s) for transfer and I do not request a Supervisory Review	Client's Signature (x) _____	Date: _____
<input checked="" type="checkbox"/> Client refused to sign; however, reason(s) for transfer was explained to client. Supervisory Review mandated.		

WITNESSING CASEWORKER:	<u>Oneka Fordyce</u> Print Name	<u>Oneka Ford</u> Signature	<u>4/30/13</u> Date
SOCIAL SERVICE DIRECTOR/ SHIFT SUPERVISOR:	<u>Valerie Loe</u> Print Name	<u>Valerie Loe</u> Signature	<u>4/30/2013</u> Date

A SUPERVISORY REVIEW has been scheduled for the client on ____ / ____ / ____ at ____ AM / PM.

SHELTER DIRECTOR / DEPUTY: I have reviewed the reasons for transfer and find that the transfer is:		
() Withdrawn; no transfer at this time () Upheld; transfer will proceed as above () Revised; new Transfer Shelter and 402A.		
PRINT NAME	SIGNATURE	DATE

20

Form 603M
12/8/96 RevisedDivision of Adult Services
Department of Homeless Services

SHELTER CLIENT TRANSFER REFERRAL

CLIENT'S SURNAME. Martinez	FIRST NAME: Juan	CARES ID NUMBER: 540907
-------------------------------	---------------------	----------------------------

You are being OFFICIALLY transferred on 05/02/2013 to Keener CSS, because this site will better meet your needs.

NAME OF SHELTER REFERRED TO: Keener CSS Wards 1	ADDRESS OF SHELTER REFERRED TO: take 4 or 5 train to 125 St and then take the M35 bus to Wards
CONTACT PERSON AT SHELTER REFERRED TO: Ms. Keaton	DATE REFERRED/TIME OF CALL: 5/2/2013 @ 2:00pm

Beginning on 05/02/2013, your new shelter is your **OFFICIAL SHELTER**. You are not eligible to transfer for services at any other DHS or DHS contracted shelter. You may not transfer to any other DHS or DHS contracted shelter without agency approval.

Your Official shelter will provide the following services to you:

- | | | | |
|-----------|----------------------|---------------|--------------------|
| 1) bed | 3) three meals a day | 5) toiletries | 7) recreation |
| 2) locker | 4) clothing | 6) carfare | 8) social services |

<input type="checkbox"/> I did NOT request a Supervisory Review and accept the transfer as a change in my official shelter	
Client's Signature (x) _____	Date: _____
<input type="checkbox"/> I have had a Supervisory Review on ____/____/____, and I <u>accept</u> transfer to my new official shelter.	
Client's Signature (x) _____	Date: _____
<input type="checkbox"/> I have had a Supervisory Review on ____/____/____, but continue to <u>disagree</u> with the change in my official shelter.	
Client's Signature (x) _____	Date: _____
<input checked="" type="checkbox"/> Client refused to sign; however, form was explained to client.	

VELDA GRAVES

MAY 2, 2013

TRANSFER APPROVED BY: _____

PRINT NAME

SIGNATURE

DATE

WITNESSING CASEWORKER: _____

PRINT NAME

SIGNATURE

DATE

Time that client left referring shelter _____ AM or PM.

21



INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
BUREAU OF FRAUD INVESTIGATION
250 CHURCH STREET
NEW YORK, NY 10013

SIGN-IN SHEET

HOJA DE REGISTRO

Date/Fecha:

9/18/14

Name/Nombre:

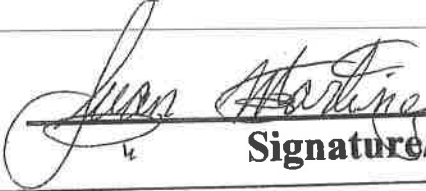
Juan Martinez

Case Number/Número de Caso:

Address/Dirección:

190 STANTON ST.
N.Y. N.Y. 10007

Telephone/Teléfono:

Do you require an interpreter? ☐ Yes or ☒ No¿Requiere de un intérprete? ☐ Sí o ☐ No

Signature/Firma

IMPORTANT NOTICE/AVISO IMPORTANTE:

I understand that I may bring an attorney and/or other representatives with me. If I cannot afford an attorney, I may seek free legal representation at a legal services or legal aid office. I may answer questions or choose not to answer. If I do not answer questions, my benefits cannot be stopped or reduced solely because I do not answer.

Entiendo que puedo traer a un abogado y/u otros representantes conmigo. Si no puedo contratar a un abogado, puedo solicitar representación legal gratuita en una oficina de servicios legales o ayuda legal. Puedo decidir responder las preguntas o no responderlas. Si no respondo las preguntas, mis beneficios no pueden suspenderse o reducirse tan sólo porque no respondo.

Applicant Signature/ Firma del solicitante

Date/ Fecha

Brooklyn St.
Liberty St.
Maiden Lane

76 agencies NYC
80 Maiden Lane
Department of State
Spanish

212

**The Bronx
Defenders**

360 East 161st Street
Bronx, NY 10451
t: 718.838.7878
f: 718.665.0100

Community Intake

Date/Fecha: 12/14/15

Please Note: Our practice is limited to primarily **BRONX COUNTY Criminal Defense** and **ACS Defense** cases. We may be able to assist you navigate your legal issue, but we are **rarely** able to assign an attorney to your case. You will be seen on first-come, first-served basis. Please ensure that you have signed in.

Por Favor Tome Nota: Nuestra practica es limitada primariamente al **condado del Bronx Defensa Criminal y Casos de ACS** (Administracion Servicio al Nino). Puede ser que le podamos asistir a navegar su gestión juridica, pero **raramente** podemos asignar un abogado a su caso. Sera visto en la orden que llege. Por favor asegure que se haya inscrito.

Type of case: <input type="checkbox"/> Criminal <input type="checkbox"/> ACS <input checked="" type="checkbox"/> Other <u>Civil</u>	
First Time Here? (Primera Vez Aqui?) <input checked="" type="checkbox"/> Yes/Si <input type="checkbox"/> No	How did you learn of our services? (Como Aprendio de nuestro servicios?) <u>Bronx President</u>

Juan Martinez
Name / Nombre

1/24/73
Date of Birth / Fecha de Nacimiento

3480 Third Ave Bronx, NY. 10457
Address / Direccion

3480 346-347-2084
Phone / Telefono

152-60-7057
Social Security No. / Numero de Seguro Social

Camden N.J.
Place of Birth / Lugar de Nacimiento

english
Language Preference / Idioma Preferida

Household Composition (Composición de Familia):	Immigration Status (Estatus Inmigratorio):	Source of Income (Fuente de ingresos):	Gender (Genero)
<input type="checkbox"/> Adults/Adultos <input type="checkbox"/> Children/Niños <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Other: _____	<input type="checkbox"/> US Citizen/Ciudadano <input type="checkbox"/> Legal Permanent Resident/Residente <input type="checkbox"/> Other/Otro	<input type="checkbox"/> Employed/Empleado <input checked="" type="checkbox"/> Public Assistance/Asistencia Publica <input checked="" type="checkbox"/> SSD/SSI <input type="checkbox"/> Student/Estudiante <input type="checkbox"/> Other/Otro	<input checked="" type="checkbox"/> Male masculino <input type="checkbox"/> Female femenino

Please explain your problem here / Por favor explique su problema aqui:

Civil matter and questions concerning abuse in city agencies.



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET ROOM ~~727~~ 517
NEW YORK, N.Y. 10007-2341

Scott M. Stringer
COMPTROLLER

COMMUNITY ACTION CENTER

TELEPHONE: (212) 669-3916 ✓
FAX NUMBER: (212) 669-2707 ✓
TDD: (212) 669-3450
OUTSIDE OF NYC: (800) 800-6385
WWW.COMPTROLLER.NYC.GOV

EMAIL: ACTION@COMPTROLLER.NYC.GOV ✓

Carmen Cepeda
E

Constituent Intake Form

Date: _____

NAME

Juan Martinez

ADDRESS

190 Stanton St.

APT/SUITE

CITY

STATE

ZIP

10002

TELEPHONE

212-780-1400

EXT

E-MAIL ADDRESS

190 Stanton

DESCRIPTION OF THE ISSUE:

Myrtle Avenue Men's Shelter - Samaritan Village
Kingsboro Stak Men's Shelter
mismanagement of Programs
Possible Audit

DID YOU CONTACT ANY OTHER CITY AGENCY (IES) ABOUT THIS MATTER?

☐ YES

☐ NO



CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
SCOTT M. STRINGER

COMMUNITY ACTION CENTER

MUNICIPAL BUILDING
ONE CENTRE STREET, ROOM 517
NEW YORK, N.Y. 10007-2341

TEL: (212) 669-3916
OUTSIDE NYC ONLY: (800) 800-6385
TDD: (212) 669-3450

FAX: (212) 669-2707

ACTION@COMPTROLLER.NYC.GOV

May 26, 2015

Mr. Juan Martinez
190 Stanton Street
New York, NY 10002

Dear Mr. Martinez:

Pursuant to your recent visit to the New York Comptroller Scott M. Stringer's Community Action Center expressing your concerns about different city agencies that allegedly are mismanaging city funds that prompt you to subsequently request for them to be audited, I am writing to inform you of the outcome of our efforts on your behalf.

Please note that we forwarded your concerns to our Bureau of Audit to determine if an audit is warranted. We were subsequently informed that it is not clear from your correspondence which programs you experienced while incarcerated, drug treatment and parole that you think should be audited. The Audit Bureau has done many audits of the Department of Corrections, and will do more. Furthermore, the Audit Bureau has also made a strong commitment to monitoring New York City Housing Authority. The Comptroller has frequently audited these agencies and will continue to do so. Rest assure that the Audit Bureau will consider your suggestions in the future audit planning.

In the meantime, you may wish to contact the New York Coalition for the Homeless, 129 Fulton Street, New York, NY 10038; (212) 964-5900. The Coalition for the Homeless provides a range of services that you might be eligible for and be able to find a better shelter placement.

Thank you for bringing this matter to our attention. I hope this information is helpful. Please feel free to contact the Comptroller's Community Action Center directly, at (212) 669-3916, whenever we can be of assistance on any other City-related matter of concern or interest to you.

Sincerely,

Ingrid D. Sotelo
Director

IDS:cc



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF SOCIAL JUSTICE
CIVIL RIGHTS BUREAU
KRISTEN CLARKE, BUREAU CHIEF

May 15, 2015

Juan Martinez
190 Stanton Street
New York, New York 10002

Correspondence Number: 2015-1227209

Dear Juan Martinez:

I am writing to acknowledge receipt of your correspondence with the Office of the Attorney General's Civil Rights Bureau. We will review the matter and contact you if additional information is required.

Thank you for bringing your concerns to the attention of the Civil Rights Bureau.

Sincerely,
THE CIVIL RIGHTS BUREAU



coalition
for the
homeless

Date: 2/15/13

Appointment Letter

To Whom It May Concern:

Please be advised that Juan Martinez has/ had an appointment at the Coalition for the Homeless' with:

- ☒ Crisis Intervention Program
- ☐ Eviction Prevention Program
- ☐ Client Advocacy Program
- ☐ Mail Services

on 2 / 15 / 13 at 9 am/pm.

If you have any questions or concerns, please call (212) 776- 2000.

Sincerely,

Lindsey Davis / Jorge Morera
Coalition for the Homeless

ROSIE MENDEZ
COUNCIL MEMBER, 2ND DISTRICT

DISTRICT OFFICE
237 FIRST AVENUE, #504
NEW YORK, NY 10003
(212) 677-1077
FAX: (212) 677-1990

CITY HALL OFFICE
250 BROADWAY, ROOM 1734
NEW YORK, NY 10007
(212) 788-7366

rmendez@council.nyc.gov



THE COUNCIL
OF
THE CITY OF NEW YORK

COMMITTEES
HEALTH
HOUSING & BUILDINGS
LAND USE
RECOVERY & RESILIENCY

SUB COMMITTEE
LANDMARKS, PUBLIC SITING &
MARITIME ISSUES

CO-CHAIR
THE BLACK, LATINX AND ASIAN CAUCUS
OF THE NEW YORK CITY COUNCIL

October 24, 2014

Mr. Juan Ramon Martinez
190 Stanton Street
New York, NY 10002

Dear Mr. Juan Ramon Martinez,

Thank you for contacting the office of City Council Member Rosie Mendez. I have attempted to contact you by email on September 24, 2014 and October 10, 2014 and I have not received a response. I would like to receive more information about the case you have filed with our office. If I do not receive a response, I will close the case.

If it is possible, can you call me at 212-677-1077, so that we may further discuss your case? I am in the office on Mondays, Wednesdays, and Fridays from 9:30-5:30. Our office is closed from 1pm-2pm every day and I cannot be reached after 4 on Wednesdays. Any time on Mondays and Fridays (with the exception of 1pm-2pm) is a perfect time to call.

Sincerely,

Jasmine Askew
MSW Intern
Office of Councilmember Rosie Mendez

4/17/15 appointment for
4/15/15 pass 3 pm.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Leticia James

Intake Done By: Christopher Donald

ID #

CONSTITUENT SERVICES

Date: 6/17/15 Initial Contact: PHONE WALK-IN
 Referred by: 311 Website Individual (please name)
 Last Name: MARTINEZ First Name: Juan
 Address: 190 Stanton St. Apt. ---
 City: Manhattan State: NY Zip Code: 10028
 Type of Housing: SUP. NY I, II, III Rent Controlled/ Stabilized Other Co-Op
 Phone (H): 212-780-1400 (Cell) Ext. 8300 (W): ---
 Email Address: ---

Description of the Problem

I have been approve 7 times for
N.Y. N.Y. III, and have not been place
by any provider.

(Please ask for a blank page if you require more space)

Supporting Documents Provided via (Circle One) Fax In-person Email Mail

See Attache Complaint.

Expectation from the Office – What do you think/what do you hope our office can do for you?

Public Advocate's Case Number

Agency: (Please Circle or Bold from the following agencies) Other

ACS BOE CCRB DCA DCAS DEP DFTA DHCR DHS DOB DOE DOF DOH
 DOL DOS DOT DPR ECB HHC HPD HRA MTA NYCHA NYPD SSA TLC UT

VITAL INFORMATION REQUIRED:

NYCHA – DOB, SSN, Ticket Number DOE – Child's DOB, Student ID, School name/number
 DHS – DOB, SSN, their form Section 8 – voucher number
 HRA – Auth. Form Retirement/Pension – Pension ID
 SSA – Auth. Form Child Support – Docket #/Court order support
 ACS – Child's DOB, SSN, Case Worker, Agency

PARKING VIOLATIONS – Plate and Summons numbers

HPD – 311 Complaint number, date complaint was made

**ALL REPAIRS, STREET LIGHTS, HEAT AND HOT WATER COMPLAINTS,
 TREES, SIDEWALKS, ETC MUST HAVE 311 COMPLAINT NUMBERS**



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Letitia James

September 17, 2014

Juan Martinez
190 Stanton St.
New York, NY 10002

Dear Mr. Martinez,

After reviewing your case I contacted the New York City Housing Authority (NYCHA) and their response is as follows:

"I searched our file using the case numbers provided. Case # 1606144 is closed as Mr. Martinez submitted a new application on 11/26/12 and received an active case # 9749341. As our system is very sensitive, it is imperative that an applicant request information on name that was put on application if the case # is not used. According to the letter "under the name provided". Mr. Martinez requested information for Juan R. Martinez..... Both applications on file says "Juan Martinez", prompting the letter to be sent.

However, our records indicate that his application, case # 9749341 is on the active waitlist as homeless-NP 4. Please note that application remains on file for 2 years from date of filing. I recommend that Mr. Martinez update his application."

I hope you find this information useful. After reviewing your case, we have determined that no further interventions are required by our office. If you require assistance from our constituent services department in the future do not hesitate to call our constituent services hotline at 212-669-7250.

Sincerely,

Constituent Services

Office of the Public Advocate

STATE OF NEW YORK
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

REQUEST: November 30, 2012
CASE #: 00008975672A
CENTER #: 35
FH #: 6242363N

In the Matter of the Appeal of

Juan Martinez



: DECISION
: AFTER
: FAIR
: HEARING

from a determination by the New York City
Department of Social Services

JURISDICTION

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on March 5, 2013, in New York City, before Angela Calamia, Administrative Law Judge. The following persons appeared at the hearing:

For the Appellant

Juan Martinez, Appellant

For the Social Services Agency

Carol Barrios, Fair Hearing Representative

ISSUES

Was the Agency's computation of Appellant's entitlement to Public Assistance and SNAP benefits for the months of October, 2012 through December, 2012, correct?

Was the Agency's failure to act on the Appellant's request for a restaurant allowance correct?

FINDINGS OF FACT

An opportunity to be heard having been afforded to all interested parties and evidence having been taken and due deliberation having been had, it is hereby found that:

1. The Appellant has been in receipt of Public Assistance and SNAP for a household of one person.

FH# 6242363N

2. In or about September, 2012, the Appellant requested that the Agency provide the Appellant with a restaurant allowance.
3. The Agency has not acted on the Appellant's request for a restaurant allowance.
4. The Appellant requested this hearing in part to review the Agency's determinations regarding the adequacy of the Appellant's Public Assistance and SNAP benefits for the months of October, 2012 through December, 2012.
5. On November 30, 2012 the Appellant requested this fair hearing.

APPLICABLE LAW

A local Agency is required to issue an allowance for the additional costs of meals for persons unable to prepare meals at home or who do not otherwise receive meals in their residences in accordance with the following schedule:

Dinner in a restaurant	\$29.00
Lunch and dinner in a restaurant	\$47.00
All meals in a restaurant	\$64.00

In addition, an additional special restaurant allowance of thirty-six dollar per month must be provided to any pregnant woman, person under eighteen years of age, or any person under nineteen years of age who is a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training if, before such person attains age nineteen, such person may reasonably be expected to complete the program of such secondary school or training. 18 NYCRR 352.7(c).

Administrative Directives 02 ADM-2 provides that a request for assistance to meet an identified emergency must be acted upon on the same day on which it was requested. Where no emergency need is identified, the Agency must make a decision regarding the granting of a additional allowance within 30 days of the request.

DISCUSSION

The Agency agreed to recompute Appellant's Public Assistance and SNAP budgets immediately, to advise the Appellant in writing of its computations and to restore any lost Public Assistance and SNAP benefits retroactive to October, 2012.

The record further establishes that the Appellant applied for a restaurant allowance in September, 2012. The Appellant informed the Agency at that time that the Appellant was unable to prepare meals at home because he resides in a facility without cooking facilities. Although the Agency contended at the hearing that it had no record of the Appellant's request for a restaurant allowance, the Appellant's testimony was found credible because the testimony was consistent.

FH# 6242363N

Therefore, the evidence establishes that the Appellant applied for a restaurant allowance and that the Agency has not acted upon the application as required.

DECISION AND ORDER

In accordance with the Agency's agreements made at the hearing, the Agency is directed to take the following action if it has not already done so:

1. To recompute Appellant's Public Assistance and SNAP budgets immediately.
2. Advise the Appellant in writing of its computations.
3. Restore any lost Public Assistance and SNAP benefits retroactive to October, 2012.

The Agency's failure to act on the Appellant's request for a restaurant allowance is not correct.

1. The Agency is directed to determine the Appellant's eligibility for a restaurant allowance retroactive to September, 2012 and to provide the Appellant with a written notice of such determination.

Should the Agency need additional information from the Appellant in order to comply with the above directives, it is directed to notify the Appellant promptly in writing as to what documentation is needed. If such information is requested, the Appellant must provide it to the Agency promptly to facilitate such compliance.

As required by 18 NYCRR 358-6.4, the Agency must comply immediately with the directives set forth above.

DATED: Albany, New York
03/08/2013

NEW YORK STATE OFFICE OF
TEMPORARY AND DISABILITY ASSISTANCE

By



Commissioner's Designee



Letitia James

September 17, 2014

Juan Martinez
190 Stanton St.
New York, NY 10002

Dear Mr. Martinez,

After reviewing your case I contacted the Department of Homeless Services (DHS) and their response is as follows:

“Supportive housing is typically run by a social services provider, and they of course, have their own rules of the building, which may include income requirements. He is, of course, free to apply for “regular” housing without supportive services—there’s no way for us to force him into supportive housing. He doesn’t receive money from supportive housing—it’s vice versa—he pays rent and for supportive social services (like mental health checkups, substance abuse meetings, etc.) and an affordable housing price. Most people who are offered it take it because they need and want the services, and that type of housing is in short supply as compared to the need, for a reasonable price.

If you know of any housing opportunities that he would be interested in, feel free to connect him with them. I’m sure he’d be grateful.

Lately he has been attending a lot of appointments, including ones to reopen his HRA PA account, he went for a fair hearing to reopen his benefits (they closed them because he didn’t show up to appointments), and to Medicaid to receive benefits.”

I hope you find this information useful. After reviewing your case, we have determined that no further interventions are required by our office. If you require assistance from our constituent services department in the future do not hesitate to call our constituent services hotline at 212-669-7250.

Sincerely,

Constituent Services

Office of the Public Advocate

Juan Martinez
Community ACCES
190 Stanton Street
New York NY 10002
Jr1234martinez@gmail.com
Phone # 646-419-1657
Phone # 212-780-1400 Community Access Services Coordinator
Phone # 212-780-1420 Community Access Services Coordinator

To Whom it may Concern

August 18, 2014

Plaintiff was release from prison on **February 1, 2008**, after sixteen year of incarceration to Bellevue Men's Shelter 400-430 East 30st. NY 10016.
Plaintiff applied for Food Stamps and other benefits, when to an Wellness Comprehensive Assessment Rehabilitation and Employment (We-Care) ,

On March 16, 2009 3 the (We Care) Medical provider has determined that Plaintiff is Unable to work and may be eligible for Federal disability;

On April 7, 2014; five years later Plaintiff when to another Wellness Comprehensive Assessment Rehabilitation and Evaluation (We-Care), where the medical Provider determined that plaintiff in unable to work and may be eligible for Federal disability.

Plaintiff applied for SSI and was denied, now is pending his second administrative hearing to be schedule. In every visit to NYCHA Fordham Plaza Bronx NY Complainant was told" you need an income for us to expedite your Housing application, Complainant is homeless complainant.

Plaintiff been in the following Department of Homeless Shelters.

- i. Belleue Men's Shelter 400-430 East 30stNY NY 10016;
- ii. McGuinness Men's Shelter400 McGuinness Boulevard Brookly NY 11222;
- iii. Kingsboro STAR Men's Shelter 681 Clarkson Avenue Building # 6 Brooklyn N.Y. 1120;
- iv. Community Support Services I Keener Building Wards Island, N.Y. 10035;
- v. The STADIUM Men's Shelter 1260 SedgwickBronx NY 10452 212-232-0546;
- vi. Park Overlook 1938 Webster Avenue Bronx N.Y. 10457;
- vii. Samaritan Village Myrtle Men's Shelter 988 Myrtle Avenue Brooklyn 11206;
- viii. Freedom House 316 west 95 st New York N.Y. 10015.

On March 24, 2009, Complainant applied for New York City Housing Authority at Fordham Plaza Bronx NY. I have been waiting for six years now. While waiting for an interview from NYCHA.

On September 2, 2010, Complainant went to NYCHA Fordham Plaza Bronx NY, to bring a letter from the Department of Homeless Services.

On September 23 2010, Complainant went to Fordham plaza NYCHA, to request the status of the application of **March 24, 2009**, was told to wait and that working families are priority.

On October 15, 2010, Complainant went to Fordham Plaza NYCHA to request information about the status of the application summited on March 24, 2009. On April 24, 2012, Complainant received a Public Housing Acknowledgment letter from NYCHA, stating complainant based presence priority codes was N5.

On December 12, 2012, department of Homeless Services move complainant to another Homeless shelter, complainant brought in another shelter letter and was told to wait.

On January 23, 2013, complainant went back to Fordham Plaza NYCHA to request the status of Complainant Application.

On February 25, 2013 complainant received a letter from NYCHA, 90 Church Street New York NY 10007, Stating: Our records indicates that there are no active application under the name you have provide. **After everything Complainant have waited, there are no records of Complainant (NYCHA) Housing Application.**

On March 5, 2013, Complainant went to New York City Housing Authority head-quarters 250 Broadway New York NY 10007, 212-306-4615.
Mr. Eramis Cruz took Complainant complaint, stating he would look into it. Mr. Cruz never reapply to Complainant complaint.

Complainant have been to the Public Advocate NYC 1 Centre Street, 15th Floor New York NY 10007 212-669-7200; and there is no answer to Complainant complaint.

On September 14, 2009, never receive any reply from NYCHA can you Pleases look into this matter as soon as possible, thank you for your time and concern, if this matter is not with in your agency jurisdiction Please feel free to forward this complaint to the proper agency. Thank you for your time and concern.

File:

The Honorable Andrew M. Cuomo NYS Capital Building Albany NY 12224 public.Loginfo.state.ny.us 518-474-8390

New York City Mayor Bill de Blasio

Department of Investigation Complaint Bureau 80 Maiden Lane New York NY 10038

Department of Consumer Affairs NYC 42 Broadway, 9th Floor NY NY 10004

NYC Housing Authority 250 Broadway NY NY 10007

NYC Commission on Human Rights 40 Rector Street 10 Floor Manhattan NY 212-306-7450

NYC Commission on Human Rights 100 Gold St. Suite 4600 NY NY 10038 212-306-7560

Letitia James Public Advocate NYC 1 Centre Street, 15th Floor New York NY 10007 212-669-7200

outreach@pubadvocate.nyc.gov


newsunit@pubadvocate.nyc.gov

scheduling@pubadvocate.nyc.gov

NYC Supportive Housing Network 247 W. 37th Street 18th Floor New York NY 10018 646-619-9640

Sincerely


Juan Martinez
190 Stanton Street
New York NY 10002

Received 9/17/14

OFFICE OF THE
PUBLIC ADVOCATE
1 CENTRE STREET
NEW YORK, NY 10007

New York City Housing Authority
Office of the Inspector General
250 Broadway, 8th floor
New York NY 10007
ig@nycha.nyc.gov

Juan R. Martinez
Samaritan Village
Men Shelter
988 Myrtle Avenue
Brooklyn New York 11206

To Whom it may Concern

April 7, 2014

On 3/16/2009 The WeCare Medical provider has determined that Complainant is not unable to work and may be eligible for federal disability benefits, Complainant those not have SSI nor a job, every Housing application require an income beside the \$ 215.00 Public Assistance provide, here is a summary of what Complainant have been through.

On March 24 2009 Complainant apply for New York City Housing Authority at Fordham Plaza Bronx N478 East Fordham Road (1 Fordham Plaza), 2nd Floor Bronx, NY 10458 New York, I have been waiting for four years now, during those four years I had been place in a very difficult situation because NYCHA Policies and Procedure and Guidelines, Supportive Housing Policies and Procedures and Guidelines is a system designed to recycle Medicaid, Medicare and to keep us Homeless at the bottom.

If a Homeless does not have SSI, SSD, or any can of income, there is no real help in Supportive Housing to Support a Homeless, the 215.00 dollars that HRA Human Resources Administration provide is not enough.

On September 2, 2010 Complainant Went to Fordham Plaza NYCHA to bring the shelter letter.

On September 23, 2010 Complainant went to Fordham Plaza NYCHA, request the status of the application of March 24, 2009, was told to wait and that working Families and priorities.

On October 15, 2010 Complainant went to Fordham Plaza NYCHA to request information about the status of the application summited on March 24, 2009.

On 4/24/2012 Complainant received a Public Housing Acknowledgement letter from NYCHA, Complainant NEED BASED PRESERANCE PRIORITY CODES WAS N5.

On December 12, 2012, Complainant was move to another Shelter, complainant brought in another shelter letter, and was told to wait, goes by priority.

On 1/23/2013 Complainant went back to Fordham Plaza NYCHA to request the status of Complainant application.

On 2/25/2013 Complainant received a letter from NEW YORK CITY HOUSING AUTHORITY, 90 CHURCH STREET NEW YORK NY 10007. STATING: OUR RECORDS INDICATES THAT THERE ARE NO ACTIVE APPLICATIONS UNDER THE NAME YOU HAVE PROVIDE.

On 12/3/13 Complainant went back to Fordham Plaza Bronx NY NYCHA, to request the status of the application complainant summited on March 24, 2009, Complainant was told that the Housing application expires next month.

Supportive Housing

On September 14, 2009 Angel Maisonett Peer Specialist from Another Way Program 369 East 148 Street, Lowel Level Bronx, New York 10455, submit an NYC Supportive Housing application on behalf of Complainant.

On September 15, 2009, Michael Bruno, CSW Placement Assessment and Client Tracking Unit (PACT), HRA Office of health and Mental health Services 2 Washington Street, 17th floor New York NY 10004,

Mr. Bruno Approved Complainant for NY/NY III Housing, in either a congregate care facility or scatter site setting, application Approval Period 10/15/2009 to 04/13/2010 HRA Client ID 147396.

Complainant went to two interviews and was told that Complainant need it another income beside \$ 215.00 dollars from Public Assistance, Complainant do not have another income. Eventually the application expired on 4/13/2010.

On March 20, 2013, Lynette Ward, Caseworker from Kingsboro Men's Shelter 681 Clarkson Avenue Brooklyn New York 11530, submit another application for New York City Supportive Housing on behalf of complainant.

On March 20, 2013, Alan Gordon, Placement Assessment and Client Tracking Unit Human Resources Administration, 2 Washington Street, 17th floor New York NY 10004, approved Complainant for NY/NY I and II. HRA ID # 147396 Approval Period: 3/20/2013 to 9/16/2013.

Complainant went to two interviews one at B.R.C. transitional Housing Program 131 west 25th street NY NY, and SUS-Monstross Residence 17-19 Monstross Avenue Brooklyn NY without no success, every interviewer stated the same, that complainant need another income besides the Public assistance.

Again Complainant NYC Supportive Housing expired on 9/16/2013.

Complainant have to get all the documentation required for a HRA 2010 e housing application.

Another application for NYC Supportive Housing was approved on 1/3/14 with an expiration date of 7/2/14.

Complainant have been to 6 interviews, two of this interviews were with BRC, where complainant was told "there is a waiting list of two years waiting list", "you still want to be interview".

IF THERE IS A WAITING LIST OF TWO YEARS, WHY YOU ARE INTERVIEWING ME, KNOWING THAT MY NYC SUPPORTIVE HOUSING APPLICATION IS GOING TO EXPIRE ON JULY 2, 2014, THIS IS A WAIST OF TAX PAYERS MONEY AND THE INTERVIEW A WAIST OF TIME.

ONCE THE SUPPORTIVE HOUSING APPLICATION EXPIRES, COMPLAINANT HAVE TO STAR ALL OVER AGAIN TO GET ALL THE DOCUMENTATION FOR ANOTHER NYC HOUSING APPLICATION.

COMPLAINANT ONLY GET \$ 215.00 DOLLARS FOR RENT A MONTH FROM (HRA) HUMAN RESOURCES ADMINISTRATION, THERE IS NO NYC SUPORTIVE HOUSING THAT TAKES COMPLAINANT WITH THIS MONTHLY INCOME. PLEASE HELP ME IN THIS MATTER, THANK YOU IN ADVANCE FOR YOUR TIME AND CONCERN. IF YOU KNOW WHO IS RESPONSIBLE FOR THE WAY NYC SUPORTIVE HOUSING FOR SINGLE MEN POLICIES AND PROCEDURE PLEASE FEEL FREE TO FORWARD MY LETTER COMPLAINT.

Sincerely

Juan Martinez 4/11/14
Juan, Ramon Martinez
1)

OFFICE OF THE
PUBLIC ADVOCATE
1 CENTRE STREET
NEW YORK, NY 10007

4/11/14

Julius Garcia

5/7/14
no letter recd
NYCADA

Patient Discharge Instructions

Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206

Date/Time: Sat 01/11/2014 05:59

Patient Name: Martinez, Juan
MRN: 3745548

Attending Physician: Fausto Gonzalez, MD

Provider: Emmanuel Adjei-Gyamfi, PA

Diagnosis: Open wound of foot except toe(s) alone, without mention of complication

Tests Performed: Right Foot DX* RoutAPLat, HIV-1, HIV-2 Screen Ab w/rflx to Conf

Procedure(s): Emergency dept visit
Measure blood oxygen level

You are being Discharged to Home or Self Care from the Emergency Department.
Your Emergency Department provider, Emmanuel Adjei-Gyamfi, PA, wants you to receive additional care. Please make all follow up appointments for the Clinic with the Continuing Care Appointment Center at 718-388-5889 or contact your primary doctor as directed.

Remember to take your medications, including new prescriptions, as instructed today by your Emergency Department provider. Please review the medications detailed on the Medication Reconciliation page provided to you.

Your ED Provider's Instructions:

Follow up with Podiatry Clinic, , at Mon - Fri 9AM - 5PM, 7 300, Phone:
718-963-8207 Walk In clinic appointments are not guaranteed.. Call as soon as possible to arrange.

Instructions For: Cellulitis

1. You have been diagnosed with cellulitis.
2. This is a bacterial infection of the skin. Symptoms usually include redness, swelling, and warmth in the affected area. Some people will have a fever with this infection.
3. Elevate the extremity above your heart level if possible.
4. Treatment of cellulitis includes antibiotics and elevation of the affected area. Sometimes the antibiotics need to be given intravenously ("IV") while other infections can be treated with oral (by mouth) medications.
5. The redness, swelling, warmth, and fever should start to improve after 2-3 days of treatment. You should return here or go to the nearest Emergency Department, or see your primary care doctor for a recheck as directed.
6. Return here or go to the nearest Emergency Department in 48 hours for another examination.
7. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:
 - Spreading redness even with treatment. You may wish to mark the area of infection with a pen to better watch for improvement or spreading.
 - Increasing or continued fever after 2-3 days of antibiotics.
 - Unusual or increasing pain at the site of the infection.
 - Lightheadedness.
 - If feeling sicker at any time, or if not improving as expected.

Medication Reconciliation
Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206

Date/Time: Sat 01/11/2014 05:59

Patient Name: Martinez, Juan
MRN: 3745548

Attending Physician: Fausto Gonzalez, MD

Provider: Emmanuel Adjei-Gyamfi, PA

Diagnosis: Open wound of foot except toe(s) alone, without mention of complication

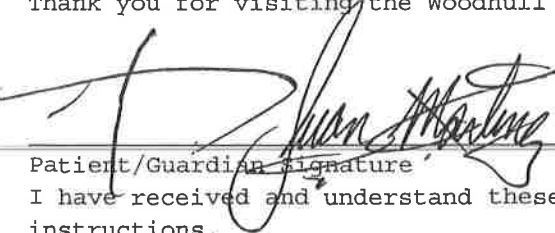
Follow Up Appointment: Follow up as soon as possible with Podiatry

If your symptoms are not improving or begin worsening or if condition persists or worsens, contact your primary care provider.

If you believe that it is an emergency, immediately return to the Emergency Department or call 911.

If you have any questions feel free to ask your Emergency Department provider before you leave.

Thank you for visiting the Woodhull Hospital Emergency Department.


Patient/Guardian Signature

I have received and understand these instructions.

All of my questions have been answered.


Physician/Provider Signature

I have reviewed these instructions with the patient.

Medication Reconciliation
Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206

Date/Time: Sat 01/11/2014 05:59

Patient Name: Martinez, Juan
MRN: 3745548

Attending Physician: Fausto Gonzalez, MD

Provider: Emmanuel Adjei-Gyamfi, PA

Diagnosis: Open wound of foot except toe(s) alone, without mention of complication

Disposition: Discharged to Home or Self Care

Medication Allergies: Penicillin (PCN)

Other Allergies: No known allergens

Home Medications:	<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>
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Medications Administered in the Emergency Department: None

Medication Prescriptions Provided on Discharge: None

Acetaminophen/for TYLENOL	x 2 tab by mouth daily
Clindamycin	x 2 cap by mouth Every 6 hours x10day

Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206

William L. Thelmo, M.D. - Medical Director

HIV-1, HIV-2 Screen Ab w/rflx to Conf

Martinez, Juan
Age: 40Y M

EP/

MRN: 3745548

Requested By: Adjei-Gyamfi, Emmanuel, PA

Result Date: 11 Jan 14

HIV-1, HIV-2 Screen Ab w/rflx to Conf

Status: unverified

Collection Time

: Unknown

Specimen

: Serum(11940670)/EDTA B1(11940670)

Diagnosis

: Open wound of foot except toe(s) alone,
without mention of complication

HIV-1/2 Ab (OraQuick)

: negative for HIV-1 and HIV-2 antibodies
(negative)

Confidentiality Statement: This information has been disclosed to you
from confidential records which are protected
by state law. State law prohibits you from
making any further disclosure of this
information without the specific written
consent of the person to whom it pertains, or
as otherwise permitted by law.

NOTE:

: A negative result for the OraQuick ADVANCED
HIV-1/HIV-2 test does not preclude the
possibility of exposure to/or infection with
HIV-1 and/or HIV-2, therefore this result
should be used in conjunction with clinical
history, including maternal HIV risk factors,
in determining a woman/infant's need to
initiate anti-retroviral prophylaxis.

Methodology:

: OraQuick ADVANCE

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Patient Discharge Report
Kings County Hospital Center Emergency Department

Printed on: Tue 01/15/2013 02:41
Disposition Time 01/15/2013 02:36

Patient Martinez, Juan
MR# 2603949

*Building
Duplicating*

Visit healthcare provider: McMillan, Stephen

Attending Physician: Little, Markus

Diagnosis: Cough

Influenza with other respiratory manifestations

Disposition: Discharged to Home or Self Care

Tests Performed: Chest XR RoutPALat

Procedure(s): no procedures performed

Your doctor wants you to follow the custom instructions below:

You have been seen and evaluated in the Emergency Department and have diagnosed with an upper respiratory infection. This is caused by a virus and should resolve on its own. Symptoms can include a runny nose, sore throat, ear pain, headache, and cough. It is important to treat your symptoms.

HOME CARE:

- 1) Rest
- 2) Take medications as prescribed
- 3) Drink plenty of fluids
- 4) Control fever with Tylenol or Motrin
- 5) Avoid smoking or drinking alcohol

FOLLOW UP with your primary doctor over the next 3-5 days.

SEEK MEDICAL ATTENTION IMMEDIATELY FOR:

- Shortness of breath, wheezing, or any other problems breathing.
- Worsening headache or stiff neck.
- Lightheadedness or feeling faint.
- Chest pain.
- Recurrent cough and fever after symptoms have started to improve.
- If feeling sicker at any time, or if not improving as expected.
- For any other new symptoms or concerns.

There were no home meds documented.

1/15/13

*Person relation
Up. Peterson go to
Walk-in clinic
Walk-in
E-Building 1st Floor*

Your doctor has requested an appointment for you in KCH Primary Care

Timeframe: 15-28 days

Appointment date/time: _____

ED Clerk: please complete the Discharge Planning note

Important Notes:

In addition to following up as instructed, please contact your primary doctor if your insurance assigns you one. If you are having difficulty making an appointment at Kings County, please call the Central Appointment Scheduling office during business hours at

6:00 AM + get a number

*E Building -> Desk -> They didn't saw me
they can provide the 10-11
no doctor
5:PM 42*

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Kings County Hospital Center
451 Clarkson Avenue
Brooklyn, NY 11203
Department of Emergency Medicine

SCHOOL/WORK/VISITOR NOTE

15 Jan 2013 11:57

To whom it may concern,

Patient: Martinez, Juan

This is to certify that the above named patient was treated in Kings County Hospital Department of Emergency Medicine on 14 Jan 2013

Please excuse the above named patient from SCHOOL/WORK until Thu, 17 Jan 2013

The patient will return with the following restrictions:

Pt should drink warm fluids.

Comments:

Signed: _____

Cioe, Eric, MD

Eric Cioe, MD
Emergency Medicine
NYS # 258957 NPI # 1841429859
DEA

Have to say Bed rest

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Patient Discharge Report
Kings County Hospital Center Emergency Department

Printed on: Wed 02/27/2013 13:33
Disposition Time 02/27/2013 13:31

Patient Martinez, Juan
MR# 2603949

Visit healthcare provider: Levine, Jeffrey H.

Attending Physician: Levine, Jeffrey H.

Diagnosis: Abdominal pain, other specified site

Disposition: Discharged to Home or Self Care

Tests Performed:
Procedure(s): no procedures performed

Your doctor wants you to follow the custom instructions below:

Avoid spicy or greasy foods
Please have client eat breakfast at or near 7 AM, which will be before first
dose of daily medications.
Follow up with your regular doctor
Return to ER if symptoms worsen
In the ED, we gave you the following new prescriptions:

Hydralazine 200-200-20 mg per 5mL Suspension, 360 mL 1 tbsp po qid prn

There were no home meds documented.

Important Notes:

In addition to following up as instructed, please contact your primary
doctor if your insurance assigns you one. If you are having difficulty making
an appointment at Kings County, please call the Central Appointment Scheduling
office during business hours at
(718) 245-3325.

Only you can know when you are having an emergency. If signs and symptoms
suggest that your condition is worsening, please contact a doctor immediately.
If you believe it is an emergency, please return to the ER or call 911.

Patient/Guardian signature

I have received these instructions and
had my questions answered

Physician/Provider signature

I have reviewed these instructions with
the patient.

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Kings County Hospital Center
451 Clarkson Avenue
Brooklyn, NY 11203
Department of Emergency Medicine

SCHOOL/WORK/VISITOR NOTE

27 Feb 2013 13:29

To whom it may concern,

Patient: Martinez, Juan

This is to certify that the above named patient was treated in Kings County Hospital Department of Emergency Medicine on 27 Feb 2013

Please excuse the above named patient from SCHOOL/WORK until Wed, 27 Feb 2013

The patient will return with the following restrictions:

The patient should return to school/work without restrictions.

Comments:

Please have client eat breakfast at or near 7 AM, which will be before first dose of daily medications

Signed: _____

Levine, Jeffrey H.

Jeffrey H. Levine, MD
NYS # 221021
EMS # BL7245606
NPI # 1497748420

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Page 1 of 3

Patient Discharge Report
Kings County Hospital Center Emergency Department

Printed on: Fri 03/15/2013 10:26
Disposition Time 03/15/2013 10:15

Patient Martinez, Juan
MR# 2603949

Visit healthcare provider: Lin, Chen-Kai

Attending Physician: Levine, Jeffrey H.

Diagnosis: Cough

Disposition: Discharged to Home or Self Care

Tests Performed:
Procedure(s): no procedures performed

Your doctor wants you to follow the custom instructions below:

UPPER RESPIRATORY INFECTION - AfterCare(R) Instructions(ER/ED), English

Upper Respiratory Infection

WHAT YOU SHOULD KNOW:

An upper respiratory infection is also called the common cold. It is an infection that can affect your nose, throat, ears, and sinuses. For healthy people, the common cold is usually not serious and does not need special treatment. Cold symptoms are usually worst for the first 3 to 5 days. Most people get better in 7 to 14 days. You may continue to cough for 2 to 3 weeks. Colds are caused by viruses and do not get better with antibiotics.

INSTRUCTIONS:

Medicines:

Decongestants: You can take a decongestant to treat your stuffy nose. Decongestants can be pills or nasal sprays. Always follow dose instructions on the label when taking this medicine. If you take decongestant pills, they may make you feel restless or not able to sleep. Do not use decongestant nasal sprays for more than a few days. If overused they can cause worse inflammation when they are stopped.

Cough suppressants: These help reduce coughing. Ask your emergency provider which type of cough medicine is best for you. Some cough suppressants require a prescription, others do not.

Ibuprofen and acetaminophen: These medicines decrease pain and lower a fever. They are available without a doctor's order. Ask your caregiver which medicine is right for you. Ask how much to take and how often to take it. Follow directions. These medicines can cause stomach bleeding if not taken correctly. Ibuprofen can cause kidney damage. Do not take ibuprofen if you have kidney disease, an ulcer, or allergies to aspirin. Acetaminophen can cause liver damage. Do not drink alcohol if you take acetaminophen. You may use aspirin or medicines that have aspirin in them only if you are older than 18 years old.

Do not drive or use heavy equipment if any medicine makes you drowsy.

Take your medicine as directed: Call your primary healthcare provider

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Patient Discharge Report
Kings County Hospital Center Emergency Department

Printed on: Fri 03/15/2013 10:26
Disposition Time 03/15/2013 10:15

Patient Martinez, Juan
MR# 2603949

In the ED, we gave you the following new prescriptions:

Amoxicillin 250 mg Capsule x 2 cap po q8h x10day

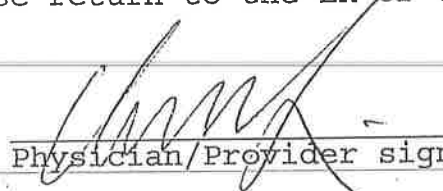
There were no home meds documented.

Important Notes:

In addition to following up as instructed, please contact your primary doctor if your insurance assigns you one. If you are having difficulty making an appointment at Kings County, please call the Central Appointment Scheduling office during business hours at (718) 245-3325.

Only you can know when you are having an emergency. If signs and symptoms suggest that your condition is worsening, please contact a doctor immediately. If you believe it is an emergency, please return to the ER or call 911.

Patient/Guardian signature


Physician/Provider signature

I have received these instructions and
had my questions answered

I have reviewed these instructions with
the patient.

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Kings County Hospital Center
451 Clarkson Avenue
Brooklyn, NY 11203
Department of Emergency Medicine

SCHOOL/WORK/VISITOR NOTE

15 Mar 2013 10:14

To whom it may concern,

Patient: Martinez, Juan

This is to certify that the above named patient was treated in Kings County Hospital Department of Emergency Medicine on 15 Mar 2013

Please excuse the above named patient from SCHOOL/WORK until Sun, 17 Mar 2013

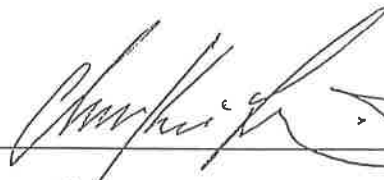
The patient will return with the following restrictions:

Bed rest for 2 days

Comments:

Signed: _____

Lin, Chen-Kai, DDS

 948653

Department of Emergency Services

//

Date: 2/20/13

To Whom It May Concern:

The patient identified below:

Name: Juan MartinezMedical Record Number: 3544.744☒ Was treated in Emergency Services on: 2/20/13☒ Is advised bed rest for THREE days☐ May return to work on: _____☐ Is to return to an outpatient clinic on: _____☒ Is advised to follow up with his/her Private MD

Please
Allow the
above named
pt bed rest
in men's shelter
for THREE DAYS.

Signed: [Signature]Phone #: 212.624.519

Note:

All requests for Medical records should be addressed to the Office of Medical Correspondence

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THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
2 WASHINGTON STREET, 17th FLOOR, NEW YORK, NY 10004
TELEPHONE: (929) 221-4500

ROBERT DOAR
Administrator/Commissioner

FRANK R. LIPTON, M.D.
Executive Deputy Commissioner/Medical Director

Date: 03/20/2013 ✓

To: LYNETTE WARD, CASEWORKER
KINGSBORO SHELTER
MENS SHELTER
681 CLARKSON AVENUE
BROOKLYN, NY 11530

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hira.nyc.gov
HRA Client ID#:	147396		
Ref Date:	03/19/2013 - NY I, II	PACT Phone #:	(929) 221-4500
Approval Period:	03/20/2013 to 09/16/2013	Appl Type:	Electronic
Age Category:	Adult		

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

cc: CUCS
DVPFA

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Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	03/19/2013 - NY I,II	PACT Phone #:	(929) 221-4500
Approval Period:	03/20/2013 to 09/16/2013	Appl Type:	Electronic
Age Category:	Adult		

Supportive Housing Eligibility & Services Determination:

The applicant is eligible for the following types of supportive housing with associated conditions and recommendations outlined below:

- Conditionally approved for Level II supportive housing for individuals with serious mental illnesses.
- Eligible for NY/NY I and II supportive housing.

The applicant requires the following service(s):

- The structure and support of a Mental Health Day Treatment Program, a continuing Treatment Program, or other relevant mental health program.
- Treatment and counseling for alcohol and/or substance dependence.
- Assistance with medication management.
- Ongoing medical treatment for medical condition(s).
- A residence which provides 24 hour supervision.
- A MICA Treatment Program.
- Ongoing psychiatric treatment.
- On-site case management services.

The following service(s) are recommended for the applicant:

- Review for Assisted Out-Patient Treatment (AOT).
- Financial Management Services.
- Vocational/educational training program.
- Primary Health Care Services.

The applicant is ineligible for the following types of supportive housing:

- x Ineligible for NY/NY III Supportive Housing for Individuals with Serious Mental Illness who are chronically homeless.
- The applicant does not meet the NY/NY III criteria for chronic homelessness.

CUCS has received a copy of your application and is available to provide technical assistance on housing options and vacancy information. They may be reached at (212) 801-3333.

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Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	03/19/2013 - NY I,II	PACT Phone #:	(929) 221-4500
Approval Period:	03/20/2013 to 09/16/2013	Appl Type:	Electronic
Age Category:	Adult		

Additional Comments:

Given reported history of "robbery and someone died" (served 16 years) client requires very close monitoring with hospitaliation if noncompliant with treatment.

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
2 WASHINGTON STREET, 17th FLOOR, NEW YORK, NY 10004
TELEPHONE: (929) 221-4500

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Robert Doar
Administrator/Commissioner

FRANK R. LIPTON, M.D.
Executive Deputy Commissioner/Medical Director

Date: 01/03/2014

To: YVETTE YORK, HOUSING SPECIALIST
SAMARITAN VILLAGE
MYRTLE AVENUE MENS SHELTER
988 MYRTLE AVENUE
BROOKLYN, NY 11206

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	12/30/2013 - NY I,II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	01/03/2014 to 07/02/2014	Appl Type:	Electronic
Age Category:	Adult		

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

cc: CUCS
DVPFA

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Applicant Name: JUAN MARTINEZ PACT Reviewer: ALAN GORDON, M.D.
 AKA: RAYMOND, Phone #: (929) 221-4487
 S.S.#: 152-60-7077 Email: gordona@hra.nyc.gov
 HRA Client ID#: 147396
 Ref Date: 12/30/2013 - NY I,II - P & III PACT Phone #: (929) 221-4500
 Approval Period: 01/03/2014 to 07/02/2014 Appl Type: Electronic
 Age Category: Adult

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Supportive Housing Eligibility & Services Determination:

The applicant is eligible for the following types of supportive housing with associated conditions and recommendations outlined below:

- ~~Conditionally approved for Level II supportive housing for individuals with serious mental illnesses.~~
- **Eligible for NY/NY I and II supportive housing.** Client should be prioritized for placement based on duration of homelessness.
- **Eligible for NY/NY III Housing for individuals with a serious mental illness who are chronically homeless. (Population A)**

The applicant is eligible for NY/NY III congregate care housing.

The applicant requires the following service(s):

- Mental Health Treatment or Day Program.
- Substance Use Disorder Counseling and/or Treatment.
- Assistance with medication management.
- Ongoing medical treatment for medical condition(s).
- A 24-hour supervised residence.
- Ongoing psychiatric treatment.
- Case Management Services.

The following service(s) are recommended for the applicant:

- Review for Assisted Out-Patient Treatment (AOT).
- Financial Management Services.
- Vocational/educational training program.
- Primary Health Care Services.
- Care coordination services to facilitate person-centered and integrated behavioral and physical health services.
- Assistance with budgeting and money management.

A copy of the application has been transmitted to the Department of Homeless Services (DHS), the agency responsible for placement of this client. Please contact Jose Correa, Program Manager at DHS at (212) 607-2409 or jcorrea@dhs.nyc.gov regarding placement information.

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Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	12/30/2013 - NY I,II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	01/03/2014 to 07/02/2014	Appl Type:	Electronic
Age Category:	Adult		

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Additional Comments:

Given reported history of manslaughter (1991) on parole till 2016 client requires very close monitoring with rehospitalization if noncompliant with treatment.

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THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
2 WASHINGTON STREET, 17th FLOOR, NEW YORK, NY 10004
TELEPHONE: (929) 221-4500

STEVEN BANKS
Commissioner

FRANK R. LIPTON, M.D.
Executive Deputy Commissioner/Medical Director

Date: 07/02/2014

To: NADINE SELBY, HOUSING/BENEFITSSPEC
SAMARITAN VILLAGE
MYRTLE AVENUE MENS SHELTER
988 MYRTLE AVENUE
BROOKLYN, NY 11206

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	06/30/2014 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	07/02/2014 to 12/29/2014	Appl Type:	Electronic
Age Category:	Adult		

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

cc: CUCS
DVPFA

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Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	06/30/2014 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	07/02/2014 to 12/29/2014	Appl Type:	Electronic
Age Category:	Adult		

Supportive Housing Eligibility & Services Determination:

The applicant is eligible for the following types of supportive housing with associated conditions and recommendations outlined below:

- Conditionally approved for Level II supportive housing for individuals with serious mental illnesses.
- Eligible for NY/NY I and II supportive housing. Client should be prioritized for placement based on duration of homelessness.
- Eligible for NY/NY III Housing for individuals with a serious mental illness who are chronically homeless. (Population A)

The applicant is eligible for NY/NY III congregate care housing.

The applicant requires the following service(s):

- Mental Health Treatment or Day Program.
- Substance Use Disorder Counseling and/or Treatment.
- Assistance with medication management.
- Ongoing medical treatment for medical condition(s).
- A 24-hour supervised residence.
- Ongoing psychiatric treatment.
- Case Management Services.

The following service(s) are recommended for the applicant:

- Review for Assisted Out-Patient Treatment (AOT).
- Financial Management Services.
- Vocational/educational training program.
- Primary Health Care Services.
- Care coordination services to facilitate person-centered and integrated behavioral and physical health services.
- Assistance with budgeting and money management.
- Completion of tuberculosis testing (either a TST or FDA-approved blood test for TB with all those with positive results undergoing a medical evaluation to assess for possible active TB) is recommended within sixty days of placement into supportive housing, unless the client has been tested within the last year.

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Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	06/30/2014 - NY I,II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	07/02/2014 to 12/29/2014	Appl Type:	Electronic
Age Category:	Adult		

A copy of the application has been transmitted to the Department of Homeless Services (DHS), the agency responsible for placement of this client. Please contact Jose Correa, Program Manager at DHS at (212) 607-2409 or jcorrea@dhs.nyc.gov regarding placement information.

Additional Comments:

Given reported history of manslaughter client requires very close monitoring with rehospitalization if noncompliant with treatment.

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
2 WASHINGTON STREET, 17th FLOOR, NEW YORK, NY 10004
TELEPHONE: (929) 221-4500

STEVEN BANKS
Commissioner

FRANK R. LIPTON, M.D.
Executive Deputy Commissioner/Medical Director

Date: 09/17/2014

To: ~~CHRISTOPHER CROWDER, SERVICE COORDINATOR~~
COMMUNITY ACCESS
190 STANTON STREET
190 STANTON STREET
NEW YORK, NY 10002

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	09/15/2014	PACT Phone #:	(929) 221-4500
Determination Dt:	09/17/2014	Appl Type:	Electronic

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
2 WASHINGTON STREET, 17th FLOOR, NEW YORK, NY 10004
TELEPHONE: (929) 221-4500

STEVEN BANKS
Commissioner

FRANK R. LIPTON, M.D.
Executive Deputy Commissioner/Medical Director

Date: 09/29/2014

To: CHRISTOPHER CROWDER, SERVICE COORDINATOR
COMMUNITY ACCESS
190 STANTON STREET
190 STANTON STREET
NEW YORK, NY 10002

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	09/24/2014 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	09/29/2014 to 03/28/2015	Appl Type:	Electronic
Age Category:	Adult		

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

cc: CUCS
DVPHA

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	09/24/2014 - NY I,II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	09/29/2014 to 03/28/2015	Appl Type:	Electronic
Age Category:	Adult		

Supportive Housing Eligibility & Services Determination:

The applicant is eligible for the following types of supportive housing with associated conditions and recommendations outlined below:

- **Conditionally approved** for Community Care and Level II supportive housing for individuals with serious mental illnesses.
- **Eligible** for NY/NY I and II supportive housing. Client should be prioritized for placement based on duration of homelessness.
- **Eligible** for NY/NY III Housing for individuals with a serious mental illness who are chronically homeless. (Population A)

The applicant is eligible for NY/NY III Housing in either a congregate care facility or scatter site setting.

The applicant requires the following service(s):

- Mental Health Treatment or Day Program.
- Substance Use Disorder Counseling and/or Treatment.
- Assistance with medication management.
- Ongoing medical treatment for medical condition(s).
- Ongoing psychiatric treatment.
- Case Management Services.

The following service(s) are recommended for the applicant:

- Review for Assisted Out-Patient Treatment (AOT).
- Financial Management Services.
- Vocational/educational training program.
- Primary Health Care Services.
- Care coordination services to facilitate person-centered and integrated behavioral and physical health services.
- Assistance with budgeting and money management.
- Completion of tuberculosis testing (either a TST or FDA-approved blood test for TB with all those with positive results undergoing a medical evaluation to assess for possible active TB) is recommended within sixty days of placement into supportive housing, unless the client has been tested within the last year.

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	09/24/2014 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	09/29/2014 to 03/28/2015	Appl Type:	Electronic
Age Category:	Adult		

A copy of the application has been transmitted to the Department of Homeless Services (DHS), the agency responsible for placement of this client. Please contact Jose Correa, Program Manager at DHS at (212) 607-2409 or jcorrea@dhs.nyc.gov regarding placement information.

Additional Comments:

given reported history of manslaughter client requiresw very close monitoring with hospitalization fi noncomplilant with treatment. ursuant to recommendation in psych eval client is approved for Community VCare with all requiied services.

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION
CUSTOMIZED ASSISTANCE SERVICES
150 Greenwich Street, 30th Floor, New York, NY 10007
TELEPHONE: (929) 221-4500

STEVEN BANKS
Commissioner

MICHAEL BOSKET, MBA, MS
Deputy Commissioner

DANIEL W. TIETZ
Chief Special Services Officer

ELLIOTT GRITZ, M.D.
Medical Director/Assistant Deputy Commissioner

Date: 04/06/2015

To: CHRISTOPHER CROWDER, SERVICE COORDINATOR
COMMUNITY ACCESS
190 STANTON STREET
190 STANTON STREET
NEW YORK, NY 10002
(646) 257-5667 Ext. 8305

7 Application

From: ALAN GORDON, M.D.
Placement Assessment and Client Tracking Unit (PACT)
Human Resources Administration
2 Washington Street, 17th Floor
New York, NY 10004

RE: Application for NYC Supportive Housing

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	04/02/2015 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	04/06/2015 to 10/03/2015	Appl Type:	Electronic
Age Category:	Adult		

All applications are reviewed, based on the types of documents and information submitted, for supportive housing developed under the NY/NY I, II, and III Agreements and for other types of supportive housing for individuals with serious mental illnesses.

Your request on behalf of JUAN MARTINEZ for Supportive Housing was carefully evaluated. Based upon the information submitted, we made the determination, outlined on the following page.

If you have any questions, please call me at (929) 221-4487.

cc: CUCS
DVPHA

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND, 157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	04/02/2015 - NY I, II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	04/06/2015 to 10/03/2015	Appl Type:	Electronic
Age Category:	Adult		

Supportive Housing Eligibility & Services Determination:

The applicant is eligible for the following types of supportive housing with associated conditions and recommendations outlined below:

- **Conditionally approved** for Community Care and Level II supportive housing for individuals with serious mental illnesses.
- **Eligible** for NY/NY I and II supportive housing. Client should be prioritized for placement based on duration of homelessness.
- **Eligible** for NY/NY III Housing for individuals with a serious mental illness who are chronically homeless. (Population A)

The applicant is eligible for NY/NY III Housing in either a congregate care facility or scatter site setting.

The applicant requires the following service(s):

- Mental Health Treatment or Day Program.
- Substance Use Disorder Counseling and/or Treatment.
- Assistance with medication management.
- Ongoing medical treatment for medical condition(s).
- Ongoing psychiatric treatment.
- Case Management Services.

The following service(s) are recommended for the applicant:

- Review for Assisted Out-Patient Treatment (AOT).
- Financial Management Services.
- Vocational/educational training program.
- Primary Health Care Services.
- Care coordination services to facilitate person-centered and integrated behavioral and physical health services.
- Assistance with budgeting and money management.
- Completion of tuberculosis testing (either a TST or FDA-approved blood test for TB with all those with positive results undergoing a medical evaluation to assess for possible active TB) is recommended within sixty days of placement into supportive housing, unless the client has been tested within the last year.

Applicant Name:	JUAN MARTINEZ	PACT Reviewer:	ALAN GORDON, M.D.
AKA:	RAYMOND,157-60-	Phone #:	(929) 221-4487
S.S.#:	152-60-7077	Email:	gordona@hra.nyc.gov
HRA Client ID#:	147396		
Ref Date:	04/02/2015 - NY I,II - P & III	PACT Phone #:	(929) 221-4500
Approval Period:	04/06/2015 to 10/03/2015	Appl Type:	Electronic
Age Category:	Adult		

A copy of the application has been transmitted to the Department of Homeless Services (DHS), the agency responsible for placement of this client. Please contact Fuad Rasulov Program Manager at DHS at (212) 607-2409 or frasulov@dhs.nyc.gov regarding placement information.

Additional Comments:

Given reported history of manslaughter client requires very close monitoring with rehospitalization if noncompliant with re hospitalization if noncompliant with treatment. Pursuant to psych recommendation client is approved for Community Care with all required services.

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Psychosocial Summary

Adult Clinic-Outpatient Department
Department of Psychiatry
Tel (718) 963 5842 • Fax (718) 630-3138

Juan Martinez MR# 3745548 9/18/2014 page 1 of 2

Woodhull Medical &
Mental Health Center

Marital Status : Divorced

Cumberland Diagnostic
And Treatment Center

Birthplace : Born in Camden, New Jersey

Bushwick Communicare

Citizenship : United States Citizen

Williamsburg Community
Health Center

Military Service : none

Insurance: Managed Care Fidelis Medicaid

Religion: Christian

Bushwick Community
Health Center

Lives in at 190 Stanton Street, New York, NY 10002

Patient has 1 daughter who is 4 years old.

Bushwick-Hylan Health
Center

Completed some grade-school. Has a GED. Went to Star Career Academy for classes in culinary arts. Graduated from Ferrari Driving School. Has food handlers qualifying certificate/ license from department of health.

Eleanor Roosevelt Houses
Child Health Clinic

Employment History:

Worked in food services -- he has been terminated and he left the job

Fort Greene Child
Health Clinic

He has had various odd jobs

Patient has no history of victim of abuse

Jonathan Williams Houses
Child Health Clinic

Agency Involvement

Public Assistance

Lafayette Houses Child
Health Clinic

Applying for Social Security

Division of Parole--supervision

Sumner Avenue Houses
Child Health Clinic

Civil litigation regarding school tuition

Williamsburg Child
Health Clinic

Income: Public Assistance Amt: \$ 22 every two weeks

Food Stamps : \$ 200

Wyckoff Garden Houses
Child Health Clinic

PAST PSYCHIATRIC HISTORY

While he was incarcerated he was held briefly in the psychiatric unit due to some self-mutilation. History of heroin abuse many years ago. History of outpatient treatment at Union clinic in the past. Currently in treatment at Woodhull Medical Center. Currently is Depakote 250mg twice daily, Ambien 10mg at night.

Intermediate School 49

850 Grand Street Campus

MEDICAL HISTORY

No current acute medical issues; no allergies

Scar on face—around 32 stitches after being cut while incarcerated

Appendix removal at age 8 or 9 years old

Woodhull Medical &
Mental Health Center
760 Broadway
Brooklyn, New York
11206-5317

FAISAL CHAUDHRY M.D.
NBHN # 232207
Lic # 232200

A Member of
New York City Health and
Hospitals Corporation

Faisal Chaudhry, M.D.

PSYCHIATRIST: Faisal Chaudhry, M.D.

DATE: 9/18/14 page 1 of 2

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North
Brooklyn
Health
Network

Psychosocial Summary

Adult Clinic-Outpatient Department
Department of Psychiatry
Tel (718) 963 5842 • Fax (718) 630-3138

Juan Martinez MR# 3745548

(PAGE 2 of 2) 9/18/14

Woodhull Medical &
Mental Health Center

Cumberland Diagnostic
And Treatment Center

Bushwick Communicare

Williamsburg Community
Health Center

Bushwick Community
Health Center

Bushwick-Hylan Health
Center

Eleanor Roosevelt Houses
Child Health Clinic

Fort Greene Child
Health Clinic

Jonathan Williams Houses
Child Health Clinic

Lafayette Houses Child
Health Clinic

Sumner Avenue Houses
Child Health Clinic

Williamsburg Child
Health Clinic

Wyckoff Garden Houses
Child Health Clinic

Intermediate School 49

850 Grand Street Campus

Woodhull Medical &
Mental Health Center

760 Broadway
Brooklyn, New York
11206-5317

A Member of
New York City Health and
Hospitals Corporation

Legal History

Arrested in 1991 for a felony conviction – isolated incident, manslaughter 1st degree ;
Released February 1st, 2008
Currently on parole until 2016

Functional Status:

Walking: independent
Eating : independent
Dressing: independent
Bathing : independent
Communication Barriers: none present

Substance Abuse History

Denies IV drug use; History of heroin use in 1999.
Patient was a graduate of Narco Freedom residential program 2010
Patient graduated from TriCenter Grand Concourse 2011
Patient completed substance abuse program at Phoenix House 2008
Cigarettes 6-7 daily

Attitude towards Meds: "Excellent. They are helping me."

Family History

No illness reported in immediate family.
Raised by mother until 15 years old.
Patient is the youngest of four children.
Patient has 1 daughter who is 4 years old.

Developmental History

Patient has a history of some hyperactivity as a child but no diagnosis or treatment

Recommendations

Patient is able to function independently.
I recommend him for community care independent housing.

Faisal Chaudhry, M.D.
PSYCHIATRIST: Faisal Chaudhry, M.D.
DATE: 9/18/14

FAISAL CHAUDHRY M.D.
NBHN # 232207
Lic # 232200

page 2 of 2

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North
Brooklyn
Health
Network

Comprehensive
Psychiatric Evaluation

Adult Clinic-Outpatient Department
Department of Psychiatry
Tel (718) 963 5842 • Fax (718) 630-3138

Juan Martinez MR# 3745548 9/18/14

page 1 of 3

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS

41 year old man who is in treatment at Woodhull Medical Center. He presented with history of depression and insomnia. Currently he reports feeling more calm, less anxious, and feels he has more support. He has been compliant with medication prescribed. He has had frustration over recent life stressors. He is currently living in a level II supportive housing. Prior to that he was homeless in a shelter. He has been following up well with psychiatric and psychotherapy appointments. He has been out of jail for six years for a 1991 conviction. Ever since then he has been compliant with parole supervision, psychiatric treatment, and is able to function independently.

PAST PSYCHIATRIC HISTORY

While he was incarcerated he was held briefly in the psychiatric unit due to some self-mutilation. History of heroin abuse many years ago. History of outpatient treatment at Union clinic in the past. Currently in treatment at Woodhull Medical Center. Currently prescribed Depakote 250mg twice daily and ambien 10mg at night.

MEDICAL HISTORY

No current acute medical issues except for chronic insomnia; no allergies

MENTAL STATUS EXAMINATION

Attitude cooperative
Speech normal rate, normal tone, normal volume
Thought process coherent
Thought content no current paranoia
Perceptual disturbances no voices currently
Arousal alert, oriented **Attention** sometimes gets distracted
Orientation fully oriented **Short-term memory** intact
Long-term memory fair **Concentration** fair
Ability to abstract good **Intelligence** fair
Mood euthymic
Affect full, non labile
Suicidal/homicidal no suicidal/homicidal ideation

Faisal Chaudhry, M.D.
PSYCHIATRIST: Faisal Chaudhry, M.D.
DATE: 09/18/14

FAISAL CHAUDHRY M.D.
NBHN # 232207
Lic # 232200

page 1 of 3

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Woodhull Medical &
Mental Health Center

Cumberland Diagnostic
And Treatment Center

Bushwick Communicare

Williamsburg Community
Health Center

Bushwick Community
Health Center

Bushwick-Hylan Health
Center

Eleanor Roosevelt Houses
Child Health Clinic

Fort Greene Child
Health Clinic

Jonathan Williams Houses
Child Health Clinic

Lafayette Houses Child
Health Clinic

Sumner Avenue Houses
Child Health Clinic

Williamsburg Child
Health Clinic

Wyckoff Garden Houses
Child Health Clinic

Intermediate School 49

850 Grand Street Campus

Woodhull Medical &
Mental Health Center

760 Broadway
Brooklyn, New York
11206-5317

A Member of
New York City Health and
Hospitals Corporation



North
Brooklyn
Health
Network

Comprehensive
Psychiatric Evaluation

Adult Clinic-Outpatient Department
Department of Psychiatry
Tel (718) 963 5842 • Fax (718) 630-3138

Juan Martinez MR# 3745548

(PAGE 2 of 3) 9/18/14

Woodhull Medical &
Mental Health Center

Cumberland Diagnostic
And Treatment Center

Bushwick Communicare

Williamsburg Community
Health Center

Bushwick Community
Health Center

Bushwick-Hylan Health
Center

Eleanor Roosevelt Houses
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Child Health Clinic

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Child Health Clinic

Williamsburg Child
Health Clinic

Wyckoff Garden Houses
Child Health Clinic

Intermediate School 49

850 Grand Street Campus

Woodhull Medical &
Mental Health Center

760 Broadway
Brooklyn, New York
11206-5317

A Member of
New York City Health and
Hospitals Corporation

Legal History

Arrested in 1991 for a felony conviction – isolated incident, manslaughter 1st degree ;
Released February 1st, 2008
Currently on parole until 2016

Substance Abuse History

Denies IV drug use; History of heroin use in 1999.
Patient was a graduate of Narco Freedom residential program 2010
Patient graduated from TriCenter Grand Concourse 2011
Patient completed substance abuse program at Phoenix House 2008
Cigarettes 6-7 daily

Family History

No illness reported in immediate family.
Raised by mother until 15 years old.
Patient is the youngest of four children.
Patient has 1 daughter who is 4 years old.

Developmental History

Patient has a history of some hyperactivity as a child but no diagnosis or treatment

Faisal Chaudhry M.D.

FAISAL CHAUDHRY M.D.
NBHN # 232207
Lic # 232200

PSYCHIATRIST: Faisal Chaudhry, M.D.

DATE: 9/18/14

page 2 of 3

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North
Brooklyn
Health
Network

Comprehensive
Psychiatric Evaluation

Adult Clinic-Outpatient Department
Department of Psychiatry
Tel (718) 963 5842 • Fax (718) 630-3138

Juan Martinez MR# 3745548 (PAGE 3 of 3) 9/18/14

DIAGNOSIS (5 Axis)

I Bipolar Disorder

II: Antisocial Personality Disorder (301.7)

III: No diagnosis

IV: severe: employment issues; housing issues; educational issues; separation from daughter; legal issues; financial issues

V 52, current/ 56, highest

INTEGRATED SUMMARY AND RECOMMENDATIONS FOR TREATMENT :

41 year old man who is in treatment at Woodhull Medical Center. He was released from prison on February 1st, 2008. Client is out of jail for six years. He participated with VESID and was a student at Star Career Academy, a culinary school. He has been compliant with his parole supervision. He has followed up at clinics for mental health treatment starting with Union clinic in the Bronx. He has been following up well with psychiatric and psychotherapy appointments here at Woodhull. He has been compliant with medication. Client is able to function independently. I recommend him for community care independent housing.

FAISAL CHAUDHRY M.D.
NBHN # 232207
Lic # 232200

Faisal Chaudhry M.D.

PSYCHIATRIST: Faisal Chaudhry, M.D.

DATE: 9/18/14

page 3 of 3

71 66

Woodhull Medical &
Mental Health Center

Cumberland Diagnostic
And Treatment Center

Bushwick Communicare

Williamsburg Community
Health Center

Bushwick Community
Health Center

Bushwick-Hylan Health
Center

Eleanor Roosevelt Houses
Child Health Clinic

Fort Greene Child
Health Clinic

Jonathan Williams Houses
Child Health Clinic

Lafayette Houses Child
Health Clinic

Sumner Avenue Houses
Child Health Clinic

Williamsburg Child
Health Clinic

Wyckoff Garden Houses
Child Health Clinic

Intermediate School 49

850 Grand Street Campus

Woodhull Medical &
Mental Health Center

760 Broadway
Brooklyn, New York
11206-5317

A Member of
New York City Health and
Hospitals Corporation



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY,
NY 12234

NEW YORK STATE EDUCATION DEPARTMENT
ADULT CAREER AND CONTINUING EDUCATION SERVICES (ACCES-VR)
1215 Zerega Avenue
Bronx, NY 10462
Tel. 718-931-3417
Fax 718-931-4299
E-mail: igonzale@mail.nysed.gov

February 28, 2013

To Whom It May Concern:

My name is Isabel M. Gonzalez, and I am the ACCES-VR counselor working with Mr. Juan R. Martinez. He was seen by me today 02/28/13 to inquire on the status of his vocational case (in regards to training and transportation.) I have apologized for any inconvenience caused to him by any delay in the process. I will look further into Mr. Martinez' case and resolve the matter as soon as possible.

Should you have any further questions please feel free to contact me at 718-931-3417 or at igonzale@mail.nysed.gov Monday thru Friday from 9am to 5pm.

Thank you,

Isabel M. Gonzalez
Vocational Rehabilitation Counselor
Bronx ACCES

F



OFFICE OF ADULT CAREER AND CONTINUING EDUCATION SERVICES

Vocational Rehabilitation
Bronx District Office
1215 Zerega Avenue
Bronx, NY 10462

Tel: (718) 931-3500
Fax: (718) 931-4299
TTY: (718) 828-4003

May 13, 2013

Juan Ramon Martinez
Community Support Services
1 Keener Building
Wards Island
New York, NY 10035

Dear Mr. Martinez:

This is to let you know that your case was closed on 5/13/2013 because you have not made reasonable efforts to cooperate in carrying out your vocational plan. We discussed this closure with you and found you did not want to participate in the next steps of trying to determine an appropriate vocational goal.

If you do not agree with this decision by ACCES-VR, you have the right to ask for a review of the decision through an informal meeting, administrative review, mediation or impartial hearing. A request for a review must be made within 90 days of the date of this letter. A form requesting a review can be obtained by contacting Judith Pina, District Office Manager, ACCES-VR - Bronx District Office, 1215 Zerega Avenue, Bronx, NY 10462, Phone: (718) 931-3500 or TTY: (718) 828-4003, Email: jpina@mail.nysed.gov. A brochure explaining this process called "What can I do if I disagree with ACCES-VR's decision about my case..." can be provided.

Please remember that the **Client Assistance Program (CAP)** is available to help you with this process. For further information, contact Bronx Independent Living Services, Inc., 3525 Decatur Avenue, Bronx, NY 10467, Phone: (718) 515-2800. **Independent Living Centers** may also be of assistance and can be found throughout New York State. Your local Center can be reached at Phone or TTY: (718) 515-2803.

If at any time you feel your circumstances have changed, you may reapply for services by contacting our office.

Sincerely,

Isabel M. Gonzalez
Vocational Rehabilitation Counselor

Handwritten signature

IMG:ah

*Brochure explaining
the appeals process*



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF ADULT CAREER AND CONTINUING EDUCATION SERVICES
VOCATIONAL REHABILITATION PROGRAM- QUALITY ASSURANCE AND MONITORING UNIT
Patricia Mazzariello, 99 Washington Ave, Room 1609, Albany, NY 12234
Phone: (518) 474-1711 • Fax: (518) 486-4683 • Email: pmazzari@mail.nysed.gov

May 20, 2013

Attn: Mr. Juan R. Martinez
Acacia Network
Stadium Men's Shelter
1260 Sedgwick Ave.
Bronx, NY 10452

Dear Mr. Martinez:

This letter is in response to your letter of April 23, 2013 regarding a complaint involving the Bronx ACCES-VR District Office. Your letter was forwarded to me, as I work for the ACCES-VR Quality Assurance and Monitoring Unit in Albany, NY.

Upon review of your complaint, it is my understanding that your case was closed on March 24, 2011. Because of the length of time that has elapsed, you are unable to exercise your due process rights. Individuals who wish to appeal a decision made by ACCES-VR must do so within 90 days of the decision.

If you are interested in reapplying for ACCES-VR services, please contact Mr. Linton of the Bronx District Office. Mr. Linton will ensure that staff will work with you to resume services in an efficient manner and to assist you to obtain your desired employment goal.

You are welcome to contact me at 1-800-222-5627 if you have any further concerns.

Sincerely,

Patricia Mazzariello,
Rehabilitation Provider Specialist

c: Joanne Schwartz
Judith Pina
Robert Linton

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3274
 DESTINATION ADDRESS 15184864683
 PSWD/SUBADDRESS
 DESTINATION ID
 ST. TIME 06/18 14:38
 USAGE T 01' 34
 PGS. 8
 RESULT OK

1- Impartial Hearing Request
 2- 5/13/13 Access terminate letter
 3- letter Isabel apologized
 4- Complaint Cidny
 5- STAR waiting payment
 6- pending payment
 7- STAR Career want tuition

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The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-VR)
Administrative Review / Mediation / Impartial Hearing Request

VR-711 (rev 01/11)

YOUR NAME LAST		FIRST	MIDDLE INITIAL	PHONE	E-MAIL ADDRESS	
Martinez		Juan	R.	()	None	
YOUR ADDRESS STREET (INCLUDE BUILDING AND APT #)				CITY	STATE	ZIP
1260 Sedgwick apt 900				Bronx	N.Y.	10452

If you do not agree with a decision made by ACCES-VR, you may ask for a review of the decision through the following ways: **Administrative Review, Mediation, and/or Impartial Hearing.**

I would like the following to be completed within 60 days

☐ Administrative Review

☐ Mediation

☒ Impartial Hearing only, I do not want an Administrative Review or Mediation. *because Ms. Pera and Mr. Lopton stated: wasn't necessary*

-OR-

☐ I agree to delay scheduling the Impartial Hearing until an **Administrative Review** is completed.

☐ I agree to delay scheduling the Impartial Hearing until **Mediation** is completed.

I understand that I can request an **Administrative Review** and/or **Mediation** first, or instead, go directly to an **Impartial Hearing**. Further information about due process can be found in the brochure "WHAT CAN I DO IF I DISAGREE WITH ACCES-VR DECISION ABOUT MY CASE" and at <http://www.acces.nysed.gov/vr/do/expectations.htm>. Further information about statutes, regulations, and ACCES-VR policy is available at http://www.acces.nysed.gov/vr/current_provider_information/vocational_rehabilitation/policies_procedures/000_index.htm or at 1-800-222-5627.

I understand that no matter which option I choose, all timeframes will begin from the date when ACCES-VR receives this signed request. All parties must agree to any extended timeframes.

I understand that I have the right to be represented by a relative, attorney, advocate, or other spokesperson. I have been informed about the availability of the Client Assistance Program (CAP). Further information is located at <http://www.cac.ny.gov> or 1-800-624-4143 (Voice / TTY).

If you intend to be represented by a relative, an attorney, an advocate, (including a CAP representative) or another person, please complete the following information so that notice of the hearing and other documents can be provided to them.

NAME OF REPRESENTATIVE:				PHONE	RELATIONSHIP TO YOU
				()	
STREET ADDRESS		CITY	STATE	ZIP	E-MAIL ADDRESS

What are the issues you would like reviewed? What action would you like from ACCES-VR? As simply as you can, describe the problem, when it happened, and identify the people involved. (Need more space? Use the reverse or attach a page).

Certified Mail on 8/5/13

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-VR)

Administrative Review / Mediation / Impartial Hearing Request

VR-711 (rev 01/11)

YOUR NAME LAST <i>Martinez</i>	FIRST <i>Juan</i>	MIDDLE INITIAL <i>R.</i>	PHONE ()	E-MAIL ADDRESS <i>None</i>
YOUR ADDRESS STREET (INCLUDE BUILDING AND APT #) <i>1260 Sedgwick apt 900</i>		CITY <i>Bronx</i>	STATE <i>N.Y.</i>	ZIP <i>10452</i>

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Attached

Your Signature (required):

Juan R. Martinez

Date:

6/18/2013

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District Office:

Date Received:

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Return form to: your local ACCES-VR District Office - OR- ACCES-VR 99 Washington Avenue, Room 1609, Albany, NY 12234.

This Form is being Fax to Ms. Mazzari on 6/18/2013 518-486-4683

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Adult Career and Continuing Education Services - Vocational Rehabilitation (ACCES-VR)

Administrative Review / Mediation / Impartial Hearing Request

VR-711 (rev 01/11)

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YOUR ADDRESS STREET (INCLUDE BUILDING AND APT #) <i>1260 Sedgwick apt 200C</i>		CITY <i>Brnx</i>		STATE <i>N.Y.</i>
				ZIP <i>10452</i>

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Your Signature (required): *Juan R. Martinez* ^F Date: *6/18/2013*

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